



To be completed by Supervisor Site: _____
 Monthly Fee: \$ _____
 Pre-authorized Agreement Start Date: _____
 Family Number (*assigned by Finance*): _____

PRE-AUTHORIZED PAYMENT AGREEMENT
IMPORTANT! All fields must be completed

1. CLIENT INFORMATION (Please Print Clearly)

Full Name(s) of Child/Children: 1. _____ 2. _____
 3. _____
 Name(s) of Parent(s)/Guardian(s): _____
 Home Address: _____ City: _____ Province: _____
 Postal Code: _____ Telephone Number: _____ Email Address: _____

2. PAYMENT OPTIONS (Please Select One)

PRE-AUTHORIZED BANK DEBIT (You must attach a VOID cheque or Bank pre-authorized payment info)

OR

CREDIT CARD (The following information must be completed. *Important: please see #3 in the information section below.*)

Type of Credit Card: ___ Visa ___ MasterCard ___ American Express
 Card Number: _____ - _____ - _____ - _____
 Expiration Date: (MM/DD) ____/____ Security Code: (3 digits) _____
 Name of Card Holder: _____ Billing Postal Code: _____

3. PAYMENT AUTHORIZATION: (if joint account, both account holders must complete and sign)

I/WE hereby authorize Social Enterprise for Canada to debit the bank account/credit card selected above on the 1st business day of each month. I/WE acknowledge that the monthly amount charged may vary based on actual service provided.

| | |
|--|--|
| _____ PRINT NAME OF ACCOUNT/CARD HOLDER | _____ PRINT NAME OF ACCOUNT/CARD HOLDER |
| _____ SIGNATURE | _____ SIGNATURE |
| DATE: _____ | DATE: _____ |

IMPORTANT INFORMATION:

- You have the right to revoke this authorization at any time, subject to a minimum of 30 days written notice.
- You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement.
To obtain more information on recourse rights, please contact your financial institution or visit www.cdnpay.ca.
- Credit Card Transactions: A 3% administration fee will be added to your payment.
- A \$25.00 fee will be charged for NSF (non-sufficient funds) transactions.